Indiana State Department of Health

		PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
	001128		B. WING		04/05/2013
NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
FRIENDS FELLOWSHIP COMMUNITY		2030 CHESTER BLVD RICHMOND, IN 47374			
			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
F 000 INITIAL COMMENTS			F 000		
This visit was for a State Licensure Survey.					
Survey dates: April 3, 4 and 5, 2013					
Facility number: 001128 Provider number: 001128 AIM number: NA					
anviriumber.					
Barbara Gray RN ₋eslie Parrett RN	С				
Census bed type: NCC: 65 Residential: 122 Total: 187					
Census payor type: NCC: 65 Residential: 122 Total: 187					
Sample: 15					
		liance			
Quality Review 04/08	3/13 by Lisa McColly				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE NITIAL COMMENTS This visit was for a Sta Survey dates: April 3 Facility number: 00° Provider number: 00° Provider number: NA Survey team: Charon Lasher RN, To Barbara Gray RN Leslie Parrett RN Leslie	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FL REGULATORY OR LSC IDENTIFYING INFORMATION IN ITIAL COMMENTS  This visit was for a State Licensure Survey.  Survey dates: April 3, 4 and 5, 2013  Facility number: 001128  Provider number: 001128  All number: NA  Survey team: Sharon Lasher RN, TC Barbara Gray RN Leslie Parrett RN Angel Tomlinson RN  Census bed type:  ICC: 65 Residential: 122  Total: 187  Census payor type:  ICC: 65 Residential: 122  Total: 187  Census payor type:  ICC: 65 Residential: 122  Total: 187  Census Fellowship was found to be in composite 410 IAC 16.2 in regard to the State	STREET ADD 2030 CHES RICHMONE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  NITIAL COMMENTS  This visit was for a State Licensure Survey.  Survey dates: April 3, 4 and 5, 2013  Facility number: 001128 Provider number: 001128 AIM number: NA  Survey team: Sharon Lasher RN, TC Barbara Gray RN Reslie Parrett RN Reslie Parrett RN Reslie Parrett RN Reslie Parrett RN Census bed type: RCC: 65 Residential: 122 Fotal: 187  Census payor type: RCC: 65 Residential: 122 Fotal: 187  Sample: 15  Friends Fellowship was found to be in compliance with 410 IAC 16.2 in regard to the State licensure Survey.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD  WITHAL COMMENTS  FOOD  FOOD  This visit was for a State Licensure Survey.  Survey dates: April 3, 4 and 5, 2013  Facility number: 001128  Provider number: 001128  Provider number: NA  Survey team: Charon Lasher RN, TC  Barbara Gray RN Resile Parrett RN	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD RICHMOND, IN 47374  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  NITIAL COMMENTS  F 000  NITIAL COMMENTS  Frovider number: 001128  And number: 001128  And number: NA  Survey dates: April 3, 4 and 5, 2013  Saciality number: 001128  And number: NA  Survey team: And number: NA  Census bed type: ICC: 65 Residential: 122  fotal: 187  Census payor type: ICC: 65 Residential: 122  fotal: 187  Census payor type: ICC: 65 Residential: 122  fotal: 187  Census payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187  Census Payor type: ICC: 65 Residential: 122  fotal: 187

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE